of the American Academy of Otolaryngology—Head and Neck Surgery Foundation, it seemed appropriate to use the US version of Google. Appendix 1 was not intended to be an exclusive list of tracheostomy care web resources. It was not included in the original manuscript but added to it in response to a reviewer’s comments in the peer review process.

Another search was conducted from google.co.uk on December 25, 2014, and different results were obtained. Some websites specific to the United Kingdom were identified, such as the UK National Tracheostomy Safety Project homepage (http://www.tracheostomy.org.uk/), a BBC health news article (http://www.bbc.com/news/health-27812482), and various UK hospital institutional websites. The Global Tracheostomy Collaborative (www.globaltrach.org) was also identified. It is interesting to note that the American Academy of Otolaryngology—Head and Neck Surgery Foundation’s clinical consensus statement on tracheostomy care was not identified in the top 50 hits from the google.co.uk website.

As the international readership of Otolaryngology—Head and Neck Surgery continues to grow, it is important to keep these regional differences in mind. Thank you for giving us an opportunity to add another facet to our manuscript.

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Response to “2-Year Sleep Surgery and Medicine Fellowships for Otolaryngologists”: The Array of Sleep Fellowship Formats
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We thank Camacho et al for their interest in our piece and their compelling suggestions. The need to have a centralized website to provide visibility for these programs is paramount. At present, ENT Connect, a networking tool for American Academy of Otolaryngology—Head and Neck Surgery members, houses a list of sleep fellowship programs designed for otolaryngologists on its website. This is the first step in providing access and information to otolaryngology residents interested in careers in sleep medicine and surgery.

We would like to outline 2 other training formats that may also be appealing. The first option is a 1-year hybrid sleep medicine and surgery fellowship. The first author (R.C.D.) is enrolled in such a program at the University of Washington. As a sleep medicine fellow of the Accreditation Council for Graduate Medical Education, the trainee is board eligible at the end of the 1-year fellowship. This format also allots 20% to 30% time to sleep surgery (clinic and operating room), providing the key training components of preoperative patient selection, technical surgical skills, and longitudinal postoperative care. For those trainees interested in launching sleep research careers, another option should be considered: a 2-year combined clinical and research sleep fellowship. The first year would consist of hybrid sleep medicine and surgery training as outlined above. The second year would be funded by a National Institutes of Health–supported (T32) research training grant with a focus on sleep research.

There appear to be several viable options for training in sleep medicine and surgery. We feel that the variety of options provides choices for matriculating residents and will help to maximize the potential of our field.

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The Misleading Meta-analysis
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I read with great interest the meta-analysis of early versus late tracheostomy by Liu et al.1 I believe this article highlights a serious issue with meta-analysis.

Meta-analyses are widely regarded as the highest standard for providing evidence and has indeed contributed many important, cumulative effects of research studies (eg, the relationship between infant sleeping position and sudden infant death syndrome).2 They aim to provide an objective summary of the outcome of multiple tests of the same intervention or treatment.

However, they also have the power to magnify error to a level of significance and be misleading. As the number of studies included in a meta-analysis increases, the influence of a type II error increases and therefore false rejection of a null hypothesis becomes a serious risk.3,4 This risk increases by massing studies of high methodological heterogeneity, with variable aims and data completeness. Thus, the objectivity of the meta-analysis is vulnerable.

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